

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>	<i>601361</i>	<i>6/20</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Am</i>	<i>5-22-20</i>	
RESPONSE FORMALITY REVIEW	<i>Am</i>	<i>11-3-20</i>	

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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